

Fatal Fire Report
Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Office of State Fire Marshal

FIRE DEPARTMENT:		TX #:	FDID #:
		FAX #:	
NAME OF CONTACT PERSON:		TX #:	INCIDENT #:
		FAX #:	
POLICE DEPARTMENT:		TX #:	ORI #:
		FAX #:	
DAY OF FIRE:		DATE OF FIRE:	TIME OF FIRE:
ADDRESS:	CITY:	TOWNSHIP:	COUNTY:
PROPERTY INVOLVED: RESIDENTIAL COMMERCIAL VEHICLE OTHER (EXPLAIN) TYPE: MANUFACTURED SINGLE DUPLEX APARTMENT MULTIPLE MOBILE HOME OTHER STRUCTURE: ONE STORY TWO STORY OTHER SMOKE DETECTOR: Y N UNKNOWN BATTERY HARD WIRED OPERATIONAL: Y N UNKNOWN			
CAUSE OF FIRE ACCIDENTAL ARSON UNDETERMINED			
VICTIM NAME:		GENDER: M F	DOB:
		RACE:	
AUTOPSY REQUESTED: Y N			
CAUSE OF DEATH:			DATE OF DEATH:
FACTORS CONTRIBUTING TO DEATH:			
FORM COMPLETED BY:			DATE:

FAX COMPLETED FORM TO: 517-335-4061